

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 939825		of the limited liability coalty, LLC	ompany				
3. State of Formation  Rhode Island		4. Brief description of the character of business conducted in Rhode Island  To acquire, own, operate, manage, lease, sell real estate and any other lawful business.					
5. Principal office address	O CENTER	BLVO #1	City LOARWIICK	State	Zip DD A B G		
Contact Name Antonio V. Ricci		eminina kan ing Pakana ya sahija ba Sahiji ka kan ang Pangalang Sahija ba	Contact Title  Member				
Street Address 17 Holly Hill Lane			City Cranston	State RI	<sup>Zip</sup> <b>02921</b>		
7. LIST ALL MAYAGERS					CHARLE CHARLE		
Manager Name <b>None</b>		and hai <b>d to the man</b> gle in the manuse of a stable for the effect of the end	Manager Name	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	3		
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name		2		
Street Address			Street Address		22 5		
City	State	Zip	City	State	**************************************		
8. RESIDENT AGENT IN AU This information is current	A PART A MEDIT OF THE CONTRACT OF THE PROPERTY AND ADDRESS.	ffice of the Secretary	of State. Changes require fili	ng Form 642.	2 2.71		
					<b>?</b> 2₹		
		FILE	ED .		<b>5</b>		
		NOV 9.0	2015				

NOV 20 2015 2016

			- <b>1</b>
File Cute			elic a la el el
	14	direction of	end plant
Check No	928 II J		
24000	4.0		(a) ( <b>4.27</b>
By:	1940		
FOR SECRE	ART U	SIAIEU	ec Unita
30mm10 41 5 1 405mm	1211 1211 1211	THE TAX PROPERTY OF THE PARTY O	W

Form No. 632 Revised: 01/2012 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

Date

Antonio V. Ricci, Member

Print or Type Name of Authorized Person